



REQUEST FOR ACTION

State Form 44829 (R6 / 2-01) / OMPP 3511

TO: Medicaid Medical Review Team
402 W Washington Street Rm W382, MS 07
Indianapolis In 46204

INSTRUCTIONS:

Please check all boxes which apply. This form should accompany all documents sent to the Medical Review Team.

This form seeks mandatory release of Confidential Information per 470 IAC 1-2-7 and 470 IAC 1-3-1

Date sent (month, day, year)
MA. D applicant name
Case number
Caseworker name / I.D.
County
Date of application (month, day, year)
Applicant's date of birth (month, day, year)
Applicant's Social Security number
Applicant's address (number and street)
City, state, ZIP code

SECTION 1 - TYPE OF ACTION

- | | |
|---|--|
| <input type="checkbox"/> Initial application | <input type="checkbox"/> Reapplication |
| <input type="checkbox"/> Progress report--requested by MMRT | <input type="checkbox"/> Additional information--case in pending |
| <input type="checkbox"/> Progress report--unsolicited / sent by County Office | <input type="checkbox"/> Additional information--case denied in the last 60 days |
| <input type="checkbox"/> Submitted only for claims payment | |

SECTION 2 - CLASS I CASES (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Class IV heart disease | <input type="checkbox"/> Huntington's Chorea |
| <input type="checkbox"/> IQ is 59 or less | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Bi-Polar / Manic Depression | <input type="checkbox"/> Organic Brain Syndrome |
| <input type="checkbox"/> Cancer with Metastasis | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Autism |
| <input type="checkbox"/> AIDS / Symptomatic HIV | <input type="checkbox"/> Terminal Prognosis |
| <input type="checkbox"/> E S R D (END STAGE RENAL DISEASE) | <input type="checkbox"/> Deceased
(date of death _____) |

SECTION THREE - OTHER INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> Expedite | <input type="checkbox"/> ARCH / RBA application |
| <input type="checkbox"/> Employed | <input type="checkbox"/> WAIVER CASE |
| <input type="checkbox"/> Blind Assistance application | <input type="checkbox"/> INPATIENT PSYCHIATRIC RESIDENT going into the community |
| <input type="checkbox"/> Other _____ | |
| _____ | |
| _____ | |